R Adams Cowley Shock Trauma Center, University of Maryland	GUIDELINE/TREATMENT ALGORITHM	Approval Date: 11/2017
	NSAID Use in Patient with Orthopaedic Injuries	Page 1 of 1

Inclusion:

- Patients with single system or multisystem orthopedic injuries

Exclusion:

- Acute renal failure
- Chronic renal failure
- Patients who present with non-union of a fracture
- Uncontrolled diabetics (by history **or** with Hgb A1C >/=8)
- TBI patients until cleared by neurosurgery
- Spine patients

Guidelines:

1. Start toradol IV 30mg pre-op (if possible) or 1st dose intra-op prior to incision

2. Maintain toradol IV q 8 hours, **RTC** X 24 hours

3. For patients with renal insufficiency, decrease toradol dose to 15mg q 8 hours

4. For patients >65 y. o., decrease toradol dose to 15 mg q 8hours

5. After 24 hours, start oral NSAIDS q 8 hours **RTC** when tolerating p.o.

6. Continue oral NSAIDS for 2 weeks
   - May start with any of the oral formulations.
   - Adjust formulation based on effectiveness and patient side effects (i.e. some patients have better pain relief with motrin than meloxicam, some patients tolerate Celebrex better than motrin)

7. Caution in patients with
   - Coronary artery disease (recommend not using Celebrex)
   - Patients with COPD
   - Patients with high risk of perioperative bleeding
   - Hypovolemic patients (maintain adequate fluid status)
   - Patients with CHF and creatinine >/= 1.5
   - Chronic renal insufficiency and hypovolemia
   - Reduce dose to 15mg Q8 hours for patients that receive intra-op "joint" juice (contains 30 mg of ketorolac)

Approved at STC Oversight 11/1/17
Approved by ICU Committee 11/7/17